

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	TD NO.	DATE
FEE DETERMINATION	T.D		9/9/99
O.I.P.E. CLASSIFIER		51	9/13/99
FORMALITY REVIEW	X	20017	9-17-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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